



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

61490

## 1. PLACE OF DEATH

County Carroll  
Village or City Delour

82-a

Registration Dist. No. 79

79

St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

## 2. FULL NAME

Clara Olivia AlbaughrSt. Ward.

If nonresident give city or town and State

## 3. PERSONAL AND STATISTICAL PARTICULARS

4. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OFFrank Albaughr6. DATE OF BIRTH (month, day, and year) Feb. 20, 18797. AGE Years 53 Months 0 Days 0 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home  
10. Date deceased last worked at this occupation (month and year) Feb. 1932 11. Total time (years) spent in this occupation 30 yrs.12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME John E. Dugler14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Ruth Long16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Frank Albaughr  
(Address) Delour Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Fairmount Date Feb. 23, 193219. UNDERTAKER Powell & Albaughr  
(Address) Froelichs, Md.20. FILED Feb. 22, 1932 Mrs. Red S. Diller  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 20

(Month)

(Day)

1932  
(Year)22. I HEREBY CERTIFY That I attended deceased from Feb. 20, 1932, to Feb. 20, 1932I last saw h. mr alive on Feb. 20, 1932, death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage 3/20/32

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Roland R. Diller M. D.  
(Address) Delour Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

*RECEIVED*

MAR 4 1932

Other contributory causes of importance:

Gallstones

## Date of onset

1915

1921

July 5, 1927

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

*RECEIVED*

Other contributory causes of importance:

Gastroenteritis

## Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis **RECEIVED** 1915

Chronic interstitial nephritis 1921

Cerebral hemorrhage MAR 4 1932

**BUREAU V. S.**

Other contributory causes of importance:

Gallstones May 1, 1923

Date of onset

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County... Carroll

2 Village or City Lykensville (No.)

3 FULL NAME Joshua Franklin Barnes

4 PERSONAL AND STATISTICAL PARTICULARS

5 SEX Male 6 COLOR OR RACE White 7 SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
(Write the word)

8 DATE OF BIRTH April 21, 1865  
(Month) (Day) (Year)

9 AGE 66 yrs. 9 mos. 28 ds. If LESS than 1 day hrs. or min.?

10 OCCUPATION Carpenter  
(a) Trade, profession or particular kind of work  
(b) General nature of industry business, or establishment in which employed or (employer)

11 BIRTHPLACE Carroll Co. Md.  
(State or country)

12 NAME OF FATHER John Barnes

13 BIRTHPLACE OF FATHER Maryland  
(State or country)

14 MAIDEN NAME OF MOTHER Mildred Biddinger

15 BIRTHPLACE OF MOTHER Maryland  
(State or country)

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Rachel Ann Barnes  
(Address) Lykensville Md

17 Filed Feb. 18 1932 Chas. Neer  
Registrar

61492  
STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 74St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 18, 193217 I HEREBY CERTIFY, That I attended the deceased from Feb 11, 1932 to Feb 18, 1932,that I last saw him alive on Feb 18, 1932, and that death occurred on the date stated above, at 9 a.m.

The CAUSE OF DEATH \* was as follows:

Immediate - Heart Disease

Contributory  
Secondary  
Disease & Cause(s) Chronic Asthma, Cardiac  
(Duration) 60 yrs. mos. 4 ds.  
(Signed) Daniel B. Frey M. D.  
Feb 18 1932 (Address) Lykensville

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death years months days In the State years months days

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Springfield Cemetery DATE OF BURIAL Feb. 21, 193220 UNDERTAKER Neer & Son ADDRESS Lykensville Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only, not paid *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the first cause, then the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

MAR 3 1932

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatology), "A trophy," "Collapse," "Corna," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



UNITED STATES STANDARD CERTIFICATE OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employe," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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### Example 1

The principal cause of death and related causes of importance were as follows:	Example 1
Arteriosclerosis	MAR 3 1932
Chronic interstitial nephritis	
Cerebral hemorrhage	BUREAU P. 1

### Example II

Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61494

## 1. PLACE OF DEATH

County CarrollVillage or City Janeytown

Length of residence in city or town where death occurred

yrs.

mos.

ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

## 2. FULL NAME

Mrs. Rebecca Brown

(a) Residence: No.

Janeytown Md.

St.

Ward.

Registration Dist. No.

70

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED. (write the word)WWWidow

5a. If married, widowed, or divorced

HUSBAND  
(or WIFE ofJacob H Brown

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

81

6

25

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupationHousework12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

Place Silver Run Rd Date Feb 10, 1932Address Janeytown MdPlace 60 Street Son Date Feb 10, 1932Address Janeytown MdPlace Mrs. B. H. Hett, Deputy Date Feb 10, 1932Address Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb7th1932

22. I HEREBY CERTIFY That I attended deceased from

Feb 5th to Feb 7th, 1932I last saw her alive on Feb 7th, 1932, death is saidto have occurred on the date stated above, at 2:45 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic Interstitial  
nephritis

Date of onset

Jan 1st

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. H. Hett, Deputy M. D.(Address) Janeytown Md

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	MAR 3 1932	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V.S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago


Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61495

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Carroll  
Village or City Pykesville

Length of residence in city or town where death occurred 2 yrs. 8 mos. If death occurred in a hospital or institution, give its NAME instead of street and number No. Springfield State Hospital

7 ds. How long in U. S. if of foreign birth? 7 yrs. mos.

2. FULL NAME Elas B. Burns

(a) Residence: No. Fred. Co. Md.

(Usual place of abode)

Registration Dist. No. 74

St. Ward

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

## 5a. If married, widowad, or divorced

HUSBAND of  
(or) WIFE of

Unknown

## 6. DATE OF BIRTH (month, day, and year)

Unk - Unk - 1871

## 7. AGE

60

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Farm

10. Date deceased last worked at this occupation (month and year)

Unknown

11. Total time (years) spent in this occupation 37 yrs

## MOTHER

## FATHER

## 13. NAME

Richard Burns

## 14. BIRTHPLACE (city or town)

Unknown

(State or country) Md.

## 15. MAIDEN NAME

(Unknown) Watkins

## 16. BIRTHPLACE (city or town)

Unknown

(State or country) Md.

## 17. INFORMANT

Springfield State Hospital (Records)

(Address) Pykesville, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Providence Cem. Date Feb 12, 1932

## 19. UNDERTAKER

H. W. Dugger  
Mt. airy Md.

(Address)

## 20. FILED

Feb. 9, 1932 C. Harry Moore

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

February 9<sup>th</sup>  
(Month) (Day) 1932  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

August 1<sup>st</sup>, 1929, to February 9<sup>th</sup>, 1932

I last saw him alive on February 9<sup>th</sup>, 1932; death is said to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General Arteriosclerosis

Date of onset  
Prior to  
June  
1929

## Other Contributory Causes of importance:

Chronic Myocarditis

Prior to  
June  
1929

Name of operation None Date of Physical signs + symptoms  
What test confirmed diagnosis? Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John H. Morris M. D.  
(Address) (S.S.H.) Pykesville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business; report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	MAR 3 1932
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61496

## 1. PLACE OF DEATH

County Carroll  
Village or City Finksburg

23

Registration Dist. No. 16

St.

Ward

Length of residence in city or town where death occurred yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Le-Roy C. Chew

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, end year) Nov. 3 18967. AGE Years 36 Months 3 Dey 24 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER  
SAWYER, BOOKKEEPER, etc. War Veteran  
9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town)  
(State or country) Md.13. NAME Chas. C. Chew14. BIRTHPLACE (city or town)  
(State or country) Md.15. MAIDEN NAME Fannie B. Taylor16. BIRTHPLACE (city or town)  
(State or country) Md.17. INFORMANT Charles C. Chew  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Carrollton Cem. Date Feb. 29, 193219. UNDERTAKER Bankard  
(Address) Wilmington Md.20. FILED 2/28, 1932 Woodrow  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2-27-1932

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from  
2-22-32, 1932, to 2-27-1932I last saw him alive on 2-26-32; death is said  
to have occurred on the date stated above, at 7:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulm. Tuberculosis

Date of onset

Some  
time  
ago

Other Contributory Causes of Importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? Weller Red Holo Was there an autopsy? None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify \_\_\_\_\_

(Signed) W.C. Jessup M. D.(Address) Wilmington Del

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	MAR 5 1922	1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
		Attack of epilepsy
		Run over by street car
		Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County Carroll

WITHIN CORPORATE LIMITS OF

Village or City Westminster (No. 1131)STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 76

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary A. Blaize Gross

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Female

Black

Married

6 DATE OF BIRTH

(Month) 1 (Day) 1 (Year)

7 AGE

About 70 yrs. 0 mos. 0 ds. or 0 min.?If LESS than  
1 day 0 hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work House wife  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE

(State or country)

Maryland10 NAME OF  
FATHERWm Smith11 BIRTHPLACE  
OF FATHER

(State or country)

Maryland12 MAIDEN NAME  
OF MOTHERCatherine Roberson13 BIRTHPLACE  
OF MOTHER

(State or Country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elmer Gross(Address) Westminster Md

15 Filed

2/5 1932

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

2 - 4 1932(Month) Feb (Day) 4 (Year) 193217 I HEREBY CERTIFY, That I attended the deceased from Jan 18 1932 to Feb 4 - 32, 1932, that I last saw her alive on Feb 4 - 32, 1932, and that death occurred on the date stated above, at 12:30 P.M. The CAUSE OF DEATH \* was as follows:Mycarditis  
cho. NephritisContributory  
Secondary(Duration) 2 yrs. 0 mos. 0 ds.Partial obliter. of heart  
(Duration) 0 yrs. 0 mos. 0 ds.

(Signed)

2-4-32 1932

W. C. Jernette M. D. (Address) Westminster Md\*State the disease causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 0 yrs. 0 mos. 0 ds.In the State 0 yrs. 0 mos. 0 ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Elmworth

DATE OF BURIAL

Feb 7, 1932

20 UNDERTAKER

H. B.ankard & Son

ADDRESS

Westminster Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom- atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæma," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—*Accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tedium*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the information is essential and must be obtained before the certificate is permanently filed.

MAR 5 1932

BUREAU

U. S. S.

1932

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61498

## 1. PLACE OF DEATH

County CarrollVillage or City near Manassasville

82-a

Registration Dist. No. 74Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.2. FULL NAME Lilly Frances Day(a) Residence: No. ManassasvilleSt.  Ward. 

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)MARRIED5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofJohn T. Day

6. DATE OF BIRTH (month, day, and year)

Jan. 7, 1876

7. AGE 56 Years 1 Months 11 DaysIf LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Housewife9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) Feb. 1811. Total time (years)  
spent in this  
occupation 35

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCCUPATION ~~X~~12. BIRTHPLACE (city or town)  
(State or country) Md.13. NAME Jas. W. Thomas14. BIRTHPLACE (city or town)  
(State or country) Md.15. MARIOON NAME Alberta Harding16. BIRTHPLACE (city or town)  
(State or country) Md.17. INFORMANT John T. Day  
(Address) Manassasville Md.

18. BURIAL, CREMATION, OR REMOVAL

Springfield Cem. Date Feb. 21, 193219. UNDERTAKER Stevens & Son Inc.  
(Address) Sykesville Md.20. FILED Feb. 19, 1932 Chancery Rec.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 18(Month) Feb. (Day) 18(Year) 193222. I HEREBY CERTIFY, That I attended deceased from  
Feb. 18th 1932, to Feb. 18th, 1932I last saw her alive on Feb. 18th, 1932; death is said  
to have occurred on the date stated above, at 11:20 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cerebral hemorrhage Date of onset Feb. 10

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Dr. G. Martin M. D.  
(Address) Randallstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Mar. 3, 1922	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUFFALO V. S.	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61499

## MARGIN RESERVED FOR BINDING

N. B.—**PRINT** PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Carroll

WITHIN CORPORAL LIMITS OF

131

Registration Dist. No.

76

Village or City

Westminster

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

64

6

12

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1929

20

12. BIRTHPLACE (city or town)

(State or country)

Carroll Co. Md.

## FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

Jeremiah Ebaugh

Md.

## MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

Martha A. Richards

Md.

17. INFORMANT

(Address)

Martha A. Ebaugh

Westminster Md.

18. BURIAL, CREMATION OR REMOVED

Place

Bethel Cem.

Date 4/21/32

19. UNDERTAKER

(Address)

D. H. Parker &amp; Sons

New Windsor Md.

20. FILED

2/11/32

K. Woodward

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb. (Month)

10 (Day)

1932 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2<sup>nd</sup>, 1932, to Feb. 10<sup>th</sup>, 1932I last saw him alive on Feb. 10<sup>th</sup>, 1932; death is said to have occurred on the date stated above, at 8-30P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchitis - Pneumonia

Date of onset  
3/6/32

Other Contributory Causes of Importance:

La Grippe  
Chronic Paroxysmal (?)  
Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

Specify city or town, county and State

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) E. J. Billingslea  
(Address) Westminister, Md. M. O.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

MAR 5 1922

PUBLIC V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

1 week ago

1 week ago

3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61500

## 1. PLACE OF DEATH

Carroll County Maryland tuberculosis sanatorium  
Village or City Henryton, Md. Colored Branch

Registration Dist. No. 74

St. Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Clara Edwards

(a) Residence: No. 823 Whatcoat St., Baltimore, Md. Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female

Colored

Single

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

Dec., 18, 1911

## 7. AGE

Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
20	2	8	

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (city or town)

Morven, North Carolina

## MOTHER

## FATHER

## 13. NAME

John Edwards

## 14. BIRTHPLACE (city or town)

Chesterfield, South Carolina

## 15. MAIDEN NAME

Addie Rivers

## 16. BIRTHPLACE (city or town)

Chesterfield, South Carolina

## 17. INFORMANT

John T. O'Neill, M. D.  
(Address) Henryton, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 29/32

## 19. UNDERTAKER

(Address) 13 T. E. O'Neill, Jr., Esq., Attorney at Law

## 20. FILED

7/16/32

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

23

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 21. DATE OF DEATH

Feb. 26, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932, to Feb. 26, 1932.

I last saw him alive on Feb. 26, 1932; death is said to have occurred on the date stated above, at 1.20 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Feb.

1931.

## Other Contributory Causes of importance:

## Name of operation

O

Date of

## What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

No

## Accident, suicide, or homicide?

Date of injury

19

## Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of Injury

## Nature of injury

## 24. Was disease or Injury in any way related to occupation of deceased?

No

## If so, specify

(Signed)

(Address)

John T. O'Neill, M. D.  
Henryton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAR 8 1922	1921

MAR 8 1922

BUREAU U. S.

Other contributory causes of importance:

Gallstones	RECEIVED	Date of onset
		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61501

## 1. PLACE OF DEATH

County CarrollVillage or City near Union BridgeRegistration Dist. No. 81St. 1 Ward 1

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Mrs Mary E. Fogle

(a) Residence: Nd.

Union Bridge

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND John W. Fogle  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug 27, 1862

7. AGE

Years 69Months 5Days 6If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.OCCUPATION X8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupationHousework12. BIRTHPLACE (city or town)  
(State or country)Ba13. NAME Geo Slickinger14. BIRTHPLACE (city or town)  
(State or country)Ba15. MAIDEN NAME marie Weikert16. BIRTHPLACE (city or town)  
(State or country)Ba17. INFORMANT Servin E. Fogle

(Address)

Union Bridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Union BridgeDate Feb. 5, 193219. UNDERTAKER Geo Slickinger

(Address)

Lower town pine20. FILED Feb 5, 1932Date Feb 5, 1932

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 2

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept 19, 1931 to Feb 2, 1932I last saw deceased alive on Feb 2, 1932, death is said  
to have occurred on the date stated above, at 11:50 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Carcinoma of Breast  
Carcinoma of Stomach

Date of onset

1931

Other Contributory Causes of Importance:

Pneumonia2-1-32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

Jas. J. Thorpe  
(Address) New Windsor, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesmen and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED	
	MAR 5 1932
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JULY 5, 1927

The principal cause of death and related causes of importance were as follows:

Date of onset

Example II

RECEIVED	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Other contributory causes of importance:

Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61502

## 1. PLACE OF DEATH

County Carroll

Maryland Tuberculosis sanatorium  
Colored Branch

Registration Dist. No. 74

Village or City Henryton, Md.

No.

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 2 mos. 27 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME William Freeland

(a) Residence: No. Naylor, Prince Georges Co., Md. Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

Colored

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb., 4, 1919

7. AGE

Years  
13Months  
0Days  
19  
If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_

Scholar

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) Upper Marlboro,  
Maryland

13. NAME George T. Freeland

14. BIRTHPLACE (city or town)  
(State or country) Prince Georges Co., Md

15. MARRIED NAME Elizabeth Davis

16. BIRTHPLACE (city or town)  
(State or country) District of Columbia17. INFORMANT John E. O'Neill, M. D.  
(Address) Henryton, Md18. BURIAL, CREMATION, OR REMOVAL  
Place \_\_\_\_\_ Date Feb 26, 193219. UNDERTAKER Maryland Crematory Inc.  
(Address) Henryton, Md.20. FILED Feb 23, 1932. Henry O'Neill  
M. D. Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb., 23, 1932  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
Nov., 27, 1931, 19, to Feb., 23, 1932I last saw him alive on Feb., 23, 1932; death is said  
to have occurred on the date stated above, at 7:35 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Pulmonary Tuberculosis

Date of onset

Jeff  
1931

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

• What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following: No.

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed)

(Address)

John E. O'Neill, M. D.  
Henryton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	MAR 2 1922	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. E.		

Other contributory causes of importance:

		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis
		1 year

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County CarrollVillage or City Myers District2 FULL NAME William Grunfelder

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Married6 DATE OF BIRTH Jan 19

(Month)

(Day)

(Year) 18627 AGE 70

yrs.

mos.

If LESS than  
1 day.... hrs.  
or..... min.?

11 11

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer) Farmer9 BIRTHPLACE  
(State or country) Maryland10 NAME OF  
FATHER Peter Grunfelder11 BIRTHPLACE  
OF FATHER  
(State or country) Maryland12 MAIDEN NAME  
OF MOTHER Hannah Hesson13 BIRTHPLACE  
OF MOTHER  
(State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Grunfelder(Address) Littletown PA15 Filed Feb. 10th, 1932 Calvin Danforth  
RegistrarSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 721St. Ward)(If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 9(Month) 2(Day) 9(Year) 1932

17 I HEREBY CERTIFY, That I attended the deceased from

Dec 10, 1931, to Feb. 9, 1932that I last saw him alive on Feb. 7, 1932and that death occurred on the date stated above, at 7 A.M.

The CAUSE OF DEATH \* was as follows:

Cardio  
Myocarditis (Duration) 0 yrs. 1 mos. 28 days  
Contributory  
Secondary  
Respiratory (Duration) 1 yrs. 0 mos. 0 days  
(Signed) J. Lewis Keltz M.D.  
Feb. 9, 1932 (Address) Union Mills Rd.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place  
of death .... yrs. .... mos. .... ds.In the  
State .... yrs. .... mos. .... ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL  
Littletown PA Feb. 12, 1932

20 UNDERTAKER

ADDRESS  
J. M. Little & Son Littletown

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return “*勞工*,” “*Foreman*,” “*Manager*,” “*Dealer*,” etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is “*Epidemic cerebro-spinal meningitis*”); *Diphtheria* (avoid use of “*Group*”); *Typhoid fever* (never report “*Typhoid Pneumonia*”); *Lobar pneumonia*, *Bronchopneumonia* (“*Pneumonia*,”

RECEIVED

MAR 2 19

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; “Cancer” is less definite; avoid use of “Tumor” for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as “*Asthenia*,” “*Anaemia*” (merely symptomatic), “*Atrophy*,” “*Collapse*,” “*Coma*,” “*Convulsions*,” “*Debility*” (“*Congenital*,” “*Senile*,” etc.), “*Dropsy*,” “*Exhaustion*,” “*Heart failure*,” “*Haemorrhage*,” “*Inanition*,” “*Marasmus*,” “*Old Age*,” “*Shock*,” “*Uraemia*,” “*Weakness*,” etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as “*PUERPERAL septicæmia*,” “*PUERPERAL peritonitis*,” etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of “*contributory*.” (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

N. B.--Every item of information should be carefully supplied. ACE should be stated **EXACTLY**, PHYSICIANS should state **CAUSE OF DEATH** in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County CHARLOTTE CARROLLVillage or City Gambier (No.)

## 2 FULL NAME

still born infant Gambier

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<u>Male</u>	<u>White</u>	<u>Single</u>

## 6 DATE OF BIRTH

Feb. 12, 1932  
(Month) (Day) (Year)

## 7 AGE

600 yrs. — moa. — ds. or min. ?  
IF LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
(b) General nature of industry business, or establishment in which employed or (employer)

none9 BIRTHPLACE  
(State or country)Md.

## 10 NAME OF FATHER

Lawrence Gambier

## 11 BIRTHPLACE OF FATHER

(State or country)

md.

## 12 MAIDEN NAME OF MOTHER

anna Wray13 BIRTHPLACE OF MOTHER  
(State or Country)N. Y.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Lawrence Gambier

(Address)

Finksburg

## 15 Filed

2/13 1932

Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 76St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Feb. 12, 1932

(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

192... to 192...

that I last saw him alive on 192..., and that death occurred on the date stated above, at 11:30 P.M.  
The CAUSE OF DEATH \* was as follows:

still born

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) MD Morris M. D.2/13 1932 (Address) Eldersbury

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Providence Cem.

## 20 UNDERTAKER

Lawrence Gambier

## DATE OF BURIAL

2/13, 1932

## ADDRESS

Finksburg

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Soleman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborer, Farm laborer, Laborer—Coal mine, etc. Woman at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former (retired 6 yrs).* For persons who have no occupation whatever, write *None.**

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 d.; Bronchopneumonia (secondary), 10 d.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61505

## 1. PLACE OF DEATH

County CarrollVillage or City Springfield State Hospital

82a

Registration Dist. No.

74

No. Sykesville Md - St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 14 yrs. 10 mos. 10 ds. How long in U. S. if of foreign birth? 48 yrs. 0 mos. 0 ds.2. FULL NAME Beyer, Augusta

(a) Residence: No.

Baltimore  
(Usual place of abode)St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

unknown

6. DATE OF BIRTH (month, day, and year) Dec 4 18687. AGE 63 Years 1 Months 29 Days 1 It LESS than  
1 day, 0 hrs.  
or 0 min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	<u>None</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Germany13. NAME Herman Newman14. BIRTHPLACE (city or town)  
(State or country) Germany15. MAIDEN NAME Katherine Rehling16. BIRTHPLACE (city or town)  
(State or country) Germany17. INFORMANT Hospital records  
(Address) Sykesville, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place London Park Date Feb. 4, 193219. UNDERTAKER John Cook  
(Address) Baltimore Md.20. FILED Feb. 3, 1932 Chas. New  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

February  
(Month)3  
(Day), 1932  
(Year)22. I HEREBY CERTIFY, That I attended deceased from August, 1931, to February, 1932I last saw him alive on February, 1932; death is said to have occurred on the date stated above, at 4 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Cerebral HemorrhageDate of onset  
January  
29-32

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) M. Virginia Beyer \_\_\_\_\_ M. D.  
(Address) Hospital Sykesville Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED MAR 2 1923	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921

Other contributory causes of importance:		
Gallstones		July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61506

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County CarrollVillage or City Mt. Olive = R. F. D. Mt. Olive, Md.

131

Registration Dist. No. 83St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 23 yrs.mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Joseph Gosnell(a) Residence: No. 1St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
--------------------	-------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of late, Andria C. Gosnell.

6. DATE OF BIRTH (month, day, end year) 1848-7-20

7. AGE <u>83</u>	Years	Months <u>6</u>	Days <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Carpenter (retired)</u>	11. Total time (years) spent in this occupation <u>21/2</u>
--	---

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Chas. L. Letherwood</u>
---

10. Date deceased last worked at this occupation (month and year) <u>2/18</u>
---

12. BIRTHPLACE (city or town) Maryland  
(State or country)13. NAME aaron Gosnell14. BIRTHPLACE (city or town) Maryland  
(State or country)15. MAIDEN NAME annie Letherwood16. BIRTHPLACE (city or town) Maryland  
(State or country)17. INFORMANT Harry H. Gosnell  
(Address) Mt. airy, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Morgan Chapel Date Feby 23 = 193219. UNDERTAKER G. M. Pratt  
(Address) Wimfield, Md.20. FILED Feb. 2 1932 Sp. D. Snyder  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feby 2, 1932  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from Feby 16, 1932 to Feby 1, 1932I last saw him alive on Jan 31, 1932; death is said to have occurred on the date stated above, at 5:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypertrophied Prostate  
of Cystitis  
Ch. Uremia  
Ch. Industrial nephritis

Other Contributory Causes of importance:

Name of operation None Date of 1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 1932

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Stanley Grubbs M. D.  
(Address) Mt. airy, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	May 3 1932
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones

Date of onset

1915

Date of onset

1921

Date of onset

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61507

## 1. PLACE OF DEATH

County. Carroll

Maryland Tuberculosis Sanatorium

Registration Dist. No. 74

Village or City Henryton, Md.

Colored Branch

No.

St.

Ward

Length of residence in city or town where death occurred

0 yrs.

0 mos.

18 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Charles Harrod

(a) Residence: No. 1534 N. Stricker St., Balto., Md.

St., Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb., 28, 1912

7. AGE

19

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

Laborer

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

West River, Md.

(State or country)

A. A. Co., Md.

MOTHER FATHER

13. NAME

Thomas Harrod

14. BIRTHPLACE (city or town)

Dunkirk, Md.

(State or country)

15. MAIDEN NAME

Estelle Watkins

16. BIRTHPLACE (city or town)

Lothian, Md.

(State or country)

17. INFORMANT

John E. O'Neill, M. D.

(Address)

Henryton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place. M. E. O'Neill

Date. Feb. 29, 1932

19. UNDERTAKER

T. E. Jackson

(Address)

130 3 President

20. FILED. 2/26/32 19

John E. O'Neill

Deputy Local

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb., 26, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That deceased from 2/26/32

I last saw him alive on Feb., 26, 1932; death is said to have occurred on the date stated above, at 3:50 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Nov.  
1931.

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: *No*

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John E. O'Neill, M. D.  
Henryton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAR 3 1932	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SURREY V. 2	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61508

## 1. PLACE OF DEATH

County *Carroll*Village or City *Manchester*

167

Registration Dist. No. 75

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *Jesse Hensley*

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SPOUSE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of*Grace R. Hensley*

6. DATE OF BIRTH (month, day, and year)

3/29/1885

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

46 11 27

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

5 yrs

*Carpenter*

12. BIRTHPLACE (city or town)

(State or country)

*Elkton**Md.*

MOTHER FATHER

13. NAME

*Adam Hensley*

14. BIRTHPLACE (city or town)

(State or country)

*Va.*

15. MAIDEN NAME

*Columbia Hensley*

16. BIRTHPLACE (city or town)

(State or country)

*Va.*

17. INFORMANT

(Address)

*Grace R. Hensley*

18. BURIAL, CREMATION OR REMOVAL

Place

and

Hensley

Data

3/29/1932

19. UNDERTAKER

(Address)

*W. T. Berg*20. FILED—Mar. 1<sup>st</sup>, 1932 Mrs. W. T. Berg

Registrar.

## 21. DATE OF DEATH

24  
(Month)29  
(Day)1932  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

19

to

I last saw h. alive on

19

; death is said

to have occurred on the date stated above, et. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*from gun shot in  
Head*

Date of onset

## Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *suicide* Date of injury *Feb. 29, 1932*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of Injury

*Shot in Head*

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

*gross Benson Coroner M.D.*(Address) *Westminster Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Stones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61509

## 1. PLACE OF DEATH

County CarrollVillage or City New Windsor, P. T. d.Registration Dist. No. 8

St.

Ward

Length of residence in city or town where death occurred 1 yrs.

mos.

ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Millard Ness(a) Residence: No. 

(Usual place of abode)

St.  Ward. 

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married5a. If married, widowed, or divorced  
HUSBAND of late Jane L. Ness.  
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1864 - 2 - 21.7. AGE Years 67 Months 11 Days 17 If LESS than  
1 day, 0 hrs.  
or 0 min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter (retired)  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.   
10. Date deceased last worked at this occupation (month and year) 2/1/32 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Maryland.  
(State or country)13. NAME Ophrius J. Ness.14. BIRTHPLACE (city or town) Maryland.  
(State or country)15. MAIDEN NAME Hannah McGuigan16. BIRTHPLACE (city or town) Ia.  
(State or country)17. INFORMANT Mrs. L. L. Lorraine.  
(Address) 10 Harrison St. Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Burystown Cemetery Date Feb 10, 193219. UNDERTAKER C. M. Haff.  
(Address) Highfield, Md.20. FILED Feb 9, 1932 Ernest S. Benedict  
High Court Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 1 - 8 AM(Month) Feb (Day) 8 (Year) 193222. I HEREBY CERTIFY. That I attended deceased from Jan 24, 1932 to Feb 7, 1932.  
I last saw him alive on Feb 7, 1932; death is said to have occurred on the date stated above, at 1:30 A.M..  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:ParalysisDate of onset 1/20/32Other Contributory Causes of Importance: Cerebral HemorrhageName of operation. Date of What test confirmed diagnosis? Was there an autopsy? 

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of Injury 19Where did injury occur? 

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) L. L. Benedict

M. D.

(Address) New Windsor, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis MAR 3, 1922

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. -- Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Carroll.

Village or City Westminster Rd (No. 2)

2 FULL NAME Clayton Eugene Hieber

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED	6
<u>Male</u>	<u>White</u>	<u>Single</u>	<u>(Write the word)</u>

6 DATE OF BIRTH  
Feb 2, 1932  
(Month) (Day) (Year)

7 AGE  
..... yrs. .... mos. .... ds. or .... min. ?  
If LESS than  
1 day 7 hrs.

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work  
none  
(b) General nature of industry  
business, or establishment in  
which employed or (employer).....

9 BIRTHPLACE  
(State or country) Maryland

10 NAME OF  
FATHER Herman Hieber

11 BIRTHPLACE  
OF FATHER  
(State or country) Penns.

12 MAIDEN NAME  
OF MOTHER Carrie Berwager

13 BIRTHPLACE  
OF MOTHER  
(State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman Hieber  
(Address) Westminster Rd #3

15 Filed Feb. 3rd. 1932. Calvin Bentz  
Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 72

St. \_\_\_\_\_ Ward) (If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 2, 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Feb. 1, 1932 to Feb. 2, 1932

that I last saw him alive on Feb. 2nd, 1932  
and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH was as follows:

Failure of heart muscle  
Onset of disease  
after birth

(Duration) ..... yrs. .... mos. .... ds. .... de.

Contributory  
Secondary

(Duration) ..... yrs. .... mos. .... ds.

(Signed) M. M. Fleiser M. D.

Feb. 3, 1932 (Address) Hanover, Pa.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury: and (2) whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients, or Recent Residents)

At place of death ..... yrs. .... mos. .... da. In the State, ..... yrs. .... mos. .... da.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

St. David's Herman Feb. 4, 1932

20 UNDERTAKER ADDRESS

W. G. Fleiser Hanover Pa.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) "pinner," (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Labrador*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (e. g., *6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

"Inqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 2 1932

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 61512

## 1. PLACE OF DEATH

County Carroll

Maryland Tuberculosis Sanatorium

Village or City Henryton, Md.

Colored Branch 23

Registration Dist. No. 74

St. Ward

Length of residence in city or town where death occurred 0 yrs. 7 mos. 9 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Raymond Bens Hollis

(a) Residence: No 25 W Bethel St., Hagerstown, Md. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Colored

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5a. If married, widowed, or divorced

HUSBAND OF

WIDOW

Mary J. Hollis

## 6. DATE OF BIRTH (month, day, and year)

Nov., 5, 1893

## 7. AGE

38

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Chauffer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Maryland

## 13. NAME

Elias Hollis

## 14. BIRTHPLACE (city or town)

(State or country)

Maryland

## 15. MAIDEN NAME

Mary J. Bens

## 16. BIRTHPLACE (city or town)

(State or country)

Maryland

## 17. INFORMANT

(Address)

John E. O'Neill

Henryton, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Hagerstown, March 2, 1952

## 19. UNDERTAKER

(Address)

R. C. Coffman

Hagerstown

## 20. FILED

Date

Place

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb., 29, 1932

(Month)

(Day)

1932

(Year)

22. I HEREBY CERTIFY. That I attended deceased from July, 20, 1931, 19 to Feb., 29, 1932, 19

I last saw h. 1m. alive on Feb., 29, 1932, 19; death is said to have occurred on the date stated above, at 1.00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Nov.

1930.

## Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

no

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

John E. O'Neill, M. D.  
Henryton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAR 3 1932	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Carroll

Village or City Sykesville (No. ....)

2 FULL NAME Mrs Julia A. Jones

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE Female White

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)

widow

6 DATE OF BIRTH

Oct 26, 1856  
(Month) (Day) (Year)

7 AGE

75 yrs. 3 mos. 10 ds. or min. If LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work

Housewife

(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country)

Howard Co Md

10 NAME OF  
FATHER

Nathan Webb

11 BIRTHPLACE  
OF FATHER  
(State or country)

Ohio

12 MAIDEN NAME  
OF MOTHER

Martha H. Burbank

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ada Jones

(Address)

Sykesville Md

15 Filed

Feb. 7 1932 C. Harry Her  
Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 74St. Ward

(If death occurred in  
a hospital or institution,  
give its NAME in  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 6 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Feb. 1 1932 to Feb. 6 1932,

that I last saw her alive on February 6 1932,

and that death occurred on the date stated above, at 6:35 A.M.

The CAUSE OF DEATH \* was as follows:

Influenza, Prostitution, weakened  
Myocardial action and Oedema  
of lungs

(Duration)  yrs. mos. ds.

Contributory  
Secondary

Myocarditis and Renal Sclerosis

(Duration)  yrs. mos. ds.

(Signed) Daniel B. Gruener M. D.  
Feb. 6 1932 (Address) Sykesville Md

\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death  yrs. mos. ds. In the State  yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Greenfield Cem.

20 UNDERTAKER

Greenalon Dyer Sykesville Md

DATE OF BURIAL

Feb. 9, 1932

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Shoemaker, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Houseworker, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Seizile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

124-2

61514

1/2

## 1. PLACE OF DEATH

County Carroll

Village or City Senior Mills

Registration Dist. No.

St. Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Clara Emma Koontz

(a) Residence: No.

(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Female	White	Widowed		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Prof. W. Koontz. Deceased</u>				
6. DATE OF BIRTH (month, day, and year) <u>Mar. 26 - 1860</u>				
7. AGE	Years <u>71</u>	Months <u>00</u>	Days <u>—</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		<u>Housewife</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		<u></u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		

## 12. BIRTHPLACE (city or town)

(State or country) Md.

## 13. NAME

Pine G. Wolfe

## 14. BIRTHPLACE (city or town)

(State or country) Conn.

## 15. MAIDEN NAME

Sarah Beal

## 16. BIRTHPLACE (city or town)

(State or country) Pa.

## 17. INFORMANT

(Address) Chas. Koontz

## 18. BURIAL, CREMATION, OR REMOVAL

Place Silver Run Cem. Date Feb. 29, 1932

## 19. UNDERTAKER

(Address) H. Bankard & Son

## 20. FILED

Feb 29, 1932 C. Lewis Bankard Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb.  
(Month)26  
(Day)1932  
(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

May 10, 1930, to Feb. 26, 1932  
I last saw him alive on Feb. 15, 1932; death is said to have occurred on the date stated above, at 9:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Valvular heart disease

Other Contributory Causes of Importance:

Arteriosclerosis  
atherosclerosis  
clotting  
hypertension 18 yearsName of operation None Date of 0What test confirmed diagnosis Physical exam Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) C. Lewis Bankard

M. D.

(Address) Senior Mills

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	MAR 2 1932	1915
Cerebral hemorrhage		1921

RECEIVED V. S.

Other contributory causes of importance:

Gallstones	RECEIVED	Date of onset
		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61515

## 1. PLACE OF DEATH

County CarrollVillage or City Lyndenville

Length of residence in city or town where death occurred

18 yrs.

2 yrs.

5 mos.

20 ds.

How long in U.S. if of foreign birth?

yrs.

mos.

1932

Registration Dist. No. 74No. Springfield State Hospital Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAR 2 1922	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Carroll

WITHIN CORPORATE LIMITS OF

Village or City Westminster (No. ....)

92-2

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 76

St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME J. Wesley Little

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED

Married  
(Write the word)

6 DATE OF BIRTH

May 4, 1856

(Month)

(Day)

(Year)

7 AGE

75 yrs. 9 mos. 7 ds. or min.?

IF LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
Bookbinder Ret.

9 BIRTHPLACE  
(State or country)

Md

10 NAME OF  
FATHER

Jacob Little

11 BIRTHPLACE  
OF FATHER

(State or country)

Md

12 MAIDEN NAME  
OF MOTHER

not known

13 BIRTHPLACE  
OF MOTHER

(State or Country)

not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Mutter

(Address) Westminster Md.

15 Filed

3/13 1932 State Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 11 1933

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Dec. 11<sup>th</sup> 1932 to Feb. 11<sup>th</sup> 1933,

that I last saw him alive on Feb. 11<sup>th</sup> 1933,

and that death occurred on the date stated above, at 1 P.M.

The CAUSE OF DEATH \* was as follows:

Chronic Valvular Heart  
Disease

(Duration) 3 yrs. 3 mos. 0 ds.

Contributory  
Secondary

none

(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) C. Lewine Billingsley M. D.  
2/13 1932 (Address) Westminster Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place  
of death not known yrs. mos. ds.

In the  
State not known yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Mt. View Cem. Bridgeport Feb. 15 1933

DATE OF BURIAL

20 UNDERTAKER

J. Bankard & Son Westminster Md.

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary engineer, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

MAR 15 1932

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a question is answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61517

## 1. PLACE OF DEATH

County CarrollVillage or City new Black's school house

1865

Registration Dist. No.

72

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Charles H. Mans(a) Residence: No. Westminster, R.D. St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)MW

(Usual place of abode)

married5a. If married, widowed, or divorced  
HUSBAND OF  
(or \_\_\_\_\_)Carrie Mans

6. DATE OF BIRTH (month, day, and year)

Jan 22, 1888

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.44019Farmer

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this occupation12. BIRTHPLACE (city or town)  
(State or country)Carroll Co.,

MOTHER FATHER

13. NAME

Jacob Mans14. BIRTHPLACE (city or town)  
(State or country)MD

15. MAIDEN NAME

Ellen R. Dell16. BIRTHPLACE (city or town)  
(State or country)MD17. INFORMANT  
(Address)Mrs. Charles H. Mans

18. BURIAL, CREMATION, OR REMOVAL

BurialDate Feb. 13, 193219. UNDERTAKER  
(Address)C. Dugay & Son

20. FILED

Feb. 13th, 1932. Carroll County, Md.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

February 11

(Month)

(Day)

1932  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_. \_\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_\_. death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Being crushed by a tree fall-  
ing on his body, it being an  
accident, and could not be  
avoided.

Date of onset

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb. 11, 1932Where did injury occur? Near Silver Run, Carroll Co.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

In woods on farm.

Manner of Injury \_\_\_\_\_

Crushed to death.

Nature of Injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

Bro. Benner, Coroner  
(Address) Westminster, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Carroll  
Village or City Wauhitead

Length of residence in city or town where death occurred

yrs.

mos.

ds.

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 77St. 77 Ward2. FULL NAME Ellen Missouri Morrow

(a) Residence: No. \_\_\_\_\_

(Usual place of abode)

St. — Ward. —

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
----------------------	-------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofHegobiah Morrow

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years <u>71</u>	Months <u>5</u>	Days <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
--------	-----------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>Ret. Housewife</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u></u>
10. Date deceased last worked at this occupation (month and year)	<u>July 1931</u>
11. Total time (years) spent in this occupation	<u>53</u>

12. BIRTHPLACE (city or town)  
(State or country) Wauhitead  
Maryland13. NAME Michael J. Henry  
14. BIRTHPLACE (city or town)  
(State or country) Wauhitead  
Maryland15. MAIDEN NAME Catharine E. E.  
16. BIRTHPLACE (city or town)  
(State or country) Wauhitead  
Maryland17. INFORMANT Mr. J. W. T. T. T. T.  
(Address) Wauhitead Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Morrow Bluff Date Feb. 29, 193219. UNDERTAKER Carl G. Jacob Wink Saws  
(Address)20. FILED Feb. 27, 1932 J. W. T. T. T. T.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

2, 27, 1932 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jaw. 5, 1932 to Feb. 27, 1932. Last saw h. 21 alive on Feb. 27, 1932; death is said to have occurred on the date stated above, at 5. 50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio-Sclerotic (Gen.) Indurative Date of onset

## Other Contributory Causes of importance:

Nervous Depression 7 weeks  
Inanition 7 weeks

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Edgar M. Bush(Signed) J. W. T. T. T. T. M. D.(Address) Wauhitead Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

61519

1. WRITE LAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL STATE OF MARYLAND CERTIFICATE OF DEATH

GIANTS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1. PLACE OF DEATH  
County Carroll (N.F.)

Village or City Florence (No. ....)

2. FULL NAME Mary Estella Mullinix

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
(Write the word)

6. DATE OF BIRTH August 26 (Month) 1895 (Year)

7. AGE 36 yrs. 5 mos. 29 ds. or 0 min. ? If LESS than 1 day....hrs.

8. OCCUPATION (a) Trade, profession or particular kind of work. Nurse.  
(b) General nature of industry business, or establishment in which employed or (employer) State Hosp.

9. BIRTHPLACE (State or country) Md.

10. NAME OF FATHER Daniel W. Myers

11. BIRTHPLACE OF FATHER (State or country) Md.

12. MAIDEN NAME OF MOTHER Mary Rigler

13. BIRTHPLACE OF MOTHER (State or country) Md.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. Dora Stockdale  
(Address) Finksburg

15. Filed Feb. 24 1932 Chas. H. Lee  
Registrar

16. DATE OF DEATH Feb. 24 (Month) 1932 (Year)

17. I HEREBY CERTIFY, That I attended the deceased from Feb. 20 1932, to Feb. 24 1932, that I last saw her alive on Feb. 24 1932, and that death occurred on the date stated above, at 4 P.M.. The CAUSE OF DEATH was as follows:

Pulmonary Oedema

Contributory (Duration) High blood pressure yrs. .... mos. .... ds.

(Signed) M. Morris M.D. (Address) Eldersburg  
Feb. 24, 1932

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death .... yrs. .... mos. .... da. In the State, .... yrs. .... mos. .... da.

Where was disease contracted, if not at place of death?

Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL Providence Cemetery DATE OF BURIAL Feb. 27, 1932

20. UNDERTAKER Hevold & Son ADDRESS Sykesville MD.

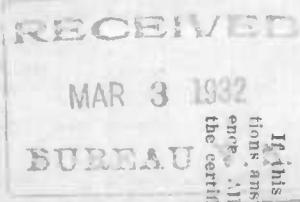
If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Sitterman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return *"Laborer,"* *"Porter,"* *"Manger,"* *"Dealer,"* etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Cold mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at *beginning* of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of Disease**—Name, first, the disease causing, or *causing* (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"



unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.,* *Carcinoma, Sarcoma, etc.* of *..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (nearly synonymous), "Atrophy," "Collapse," "Conv.", "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Epileptic," "Heart failure," "Haemorrhage," "Inflammation," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such. If impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull and consequences (e. g., *spastic tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 61520

## 1. PLACE OF DEATH

County CarrollMaryland Tuberculosis Sanatorium  
Colored Branch

Registration Dist. No. 74

Village or City Henryton, Md.

No.

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 6 mos. 17 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Bessie Irene Nelson(a) Residence: No. Laytonville, Montgomery Co., Md. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_

## 6. DATE OF BIRTH (month, day, end year)

Oct., 11, 1913

## 7. AGE

Years

18

Months

4

Days

16

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

## MOTHER FATHER

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Domestic

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Maryland

## MOTHER FATHER

13. NAME Aftus Nelson14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME Annie Holland16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT John E. O'Neill, M. D.  
(Address) Henryton, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Bethany Grove Date Feb. 27, 193219. UNDERTAKER Ray W. Barber(Address) Henryton and20. FILED 2/27/32, 19

Deputy Local

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb., 27, 1932

(Month)

(Day)

(Year)

22. 8/10/31 I HEREBY CERTIFY that I attended deceased fromI last saw her alive on Feb., 27, 1932 to 19 \_\_\_\_\_; death is said  
to have occurred on the date stated above, at 6:45 m. \_\_\_\_\_The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Pulmonary Tuberculosis

Date of onset

May  
1931

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? \_\_\_\_\_

Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed)

(Address)

John E. O'Neill, M. D.  
Henryton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	MAR 3 1922 1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

61521

## 1. PLACE OF DEATH

Maryland Tuberculosis Sanatorium

County Carroll

Colored Branch

Registration Dist. No. 74

Village or City Henryton, Maryland.

St. Ward

Length of residence in city or town where death occurred

yrs. 4

mos. 15

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mary Newman

(a) Residence: No. 314 Myrtle Ave., Balto., Md.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female

Colored

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

Sept., 15, 1919

## 7. AGE

Years  
12Months  
4Days  
25If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Scholar

11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Maryland

## MOTHER

## FATHER

## 13. NAME

George Newman

## 14. BIRTHPLACE (city or town)

(State or country)

Maryland

Date of

0

## 15. MAIDEN NAME

Elizabeth Wilson

## 16. BIRTHPLACE (city or town)

(State or country)

Maryland

Was there an autopsy?

0

## 17. INFORMANT

John F. O'Neill, M. D.

(Address)

Henryton, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Annie (Balto.)

Date

Feb. 9, 1932

Date of injury

19

## 19. UNDERTAKER

(Address)

S. T. Hearst

## 20. FILED

5/19/32, 19

John F. O'Neill

Registrar

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

0

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John F. O'Neill  
Henryton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JULY 3, 1922

Other contributory causes of importance:	
Gallstones	MAY 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61522

## 1. PLACE OF DEATH

County Carroll

46

Registration Dist. No. 76Village or City Bird Hill = 97 S. 5 Westminster

St.

Ward

Length of residence in city or town where death occurred 70 yrs. 3 mos. 17 ds. How long in U.S. if of foreign birth?  yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Annie J. Miner(a) Residence: No. St.  Ward. 

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND  
(or) WIFE OF Charles H. Miner6. DATE OF BIRTH (month, day, and year) 1861 - 11 - 7

7. AGE <u>70</u> Years	Months <u>5</u>	Days <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Hausfrau</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	
10. Date deceased last worked at this occupation (month and year) <u></u>	11. Total time (years) spent in this occupation <u></u>

12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME Peny G. Barnes14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Elizabeth Shipley16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Charles H. Miner  
(Address) 97 S. 5 Westminster, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Trinity Lutheran Cemetery Date Feb 26, 193219. UNDERTAKER J. M. Maff  
(Address) Mayfield, Md.20. FILED 2/25/32 K. Woodrow  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 26, 1932(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1932, to Feb. 26, 1932last saw her alive on Feb. 23, 1932; death is said to have occurred on the date stated above, at 4:30 a.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Carcinoma of LiverData of onset  
about  
Nov. 1931Other Contributory Causes of Importance: noneName of operation none Date of What last confirmed diagnosis? Only clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of Injury 19Where did injury occur? 

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) C. L. Belinghoven, M. D.  
(Address) Westminster, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	MAR 5 1932
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAR 5 1932	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JULY 11 1927	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1  
N.B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61524

## 1. PLACE OF DEATH

County

Carroll

(22-a)

Registration Dist. No. 80

Village or City

New Windsor

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

## 2. FULL NAME

Cora Pearce

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED  
OR DIVORCED (write the word)

5e. If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

Thomas C Pearce

6. DATE OF BIRTH (month, day, and year)

Dec 23-1860

7. AGE

Years

Months

Days

If LESS than

71

1

29

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

House wife

at home

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Carroll Co Md

MOTHER

FATHER

13. NAME

Evans Thomas Snader

14. BIRTHPLACE (city or town)

(State or country)

Frederick Co

Marysville Md

15. MAIDEN NAME

Eliza Boile

16. BIRTHPLACE (city or town)

(State or country)

Carroll Co

Md

17. INFORMANT

(Address)

Thomas C Pearce

New Windsor Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Marysville

Feb 25, 1932

19. UNDERTAKER

(Address)

D. A. Hartley &amp; Sons Inc

New Windsor Md

20. FILED

Feb 23

19

Cora Pearce

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb 22, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19,

I last saw h. alive on, 19, ; death is said  
to have occurred on the date stated above, at 11 A.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Asthma  
Disease unnecessary

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

Amos W. Major Jr.

Acting Farmer

(Signed)

(Address) New Windsor Md M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—**WRITE PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61525

## 1. PLACE OF DEATH

County CarrollVillage or City Pykesville

Length of residence in city or town where death occurred

yrs. 7 mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME John W. Poole(a) Residence: No. Montgomery Co. Md.  
(usual place of abode)

15

Registration Dist. No.

74

No. Springfield State Hospital

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) Wife Mrs. Agnes Almstetter

6. DATE OF BIRTH (month, day, and year) February 5<sup>th</sup> 1858

7. AGE <u>74</u>	Years	Months	Days	IF LESS than 1 day, ____ hrs. or ____ min.
			<u>7</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. <u>Farmer</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Farmer</u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown  
(State or country) Maryland13. NAME John William Poole14. BIRTHPLACE (city or town) Montgomery Co  
(State or country) Md.15. MAIDEN NAME Mary Margaret Stiles16. BIRTHPLACE (city or town) Unknown  
(State or country) Md.17. INFORMANT Springfield State Hospital (Records)  
(Address) Pykesville, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Patowmack Md. Date Feb 15, 193219. UNDERTAKER R. E. Dunphy  
(Address) Pykesville Md.20. FILED Feb 12, 1932 C. Hassey, Clerk  
Registrat.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 12<sup>th</sup>(Month) February (Day) 12<sup>th</sup>t93 (Year) 2

22. I HEREBY CERTIFY. That I attended deceased from June 26<sup>th</sup> 1931 to February 12<sup>th</sup> 1932; last saw him alive on February 12<sup>th</sup> 1932; death is said to have occurred on the date stated above, at 4:51 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Atherosclerosis Date of onset Feb. 1929

Other Contributory Causes of importance:

Erysipelas (Facial) Date of onset February 8<sup>th</sup> 1932

Name of operation None Date of operation NoneWhat test confirmed diagnosis? Physical signs and symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) John N. Morris M. D.(Address) ISSN Pykesville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61526

## 1. PLACE OF DEATH

County CarrollVillage or City Friggelingburg

Length of residence in city or town where death occurred

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

## 2. FULL NAME

(a) Residence: No.

Franklin L. Schaeffer

(Usual place of abode)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

St.

Ward

Registration Dist. No. 7

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND   
(or) WIFE S. Kate Schaeffer

6. DATE OF BIRTH (month, day, and year)

Sept 12, 1872

7. AGE Years Months Days

59 4 28

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

0/4

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Farmer

12. BIRTHPLACE (city or town)

(State or country)

Carroll Co.

MOTHER / FATHER

13. NAMEJohn H. Schaeffer

14. BIRTHPLACE (city or town)

(State or country)

Mo

15. MAIDEN NAME

Cornelia Schaeffer

16. BIRTHPLACE (city or town)

(State or country)

Mo

17. INFORMANT

(Address)

Earle E. SchaefferWestminister, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Place

Kriders

Data

Feb. 11, 1932

19. UNDERTAKER

(Address)

C. O. Dusard SonJaneytown, Mo.

20. FILED

(Address)

Feb. 11, 1932Margret R. Englar

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb9, 1932

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Feb 2, 1932, to Feb 9, 1932I last saw him alive on Feb 8, 1932; death is said to have occurred on the date stated above, at 8:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis  
Hypertension  
Cerebral HemorrhageDate of death  
2/11/32

## Other Contributory Causes of importance:

Name of operator

Data of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. H. Englar M. D.(Address) Westminister, Mo.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAR 3 1932	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61527

74

## 1. PLACE OF DEATH

County CarrollVillage or City PykesvilleLength of residence in city or town where death occurred 33 yrs. 10 mos. 28 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

131

Registration Dist. No.

No. Springfield State Hospital

St.

Ward

2. FULL NAME Casper Seibert(a) Residence: No. 836 North Front.  
(Usual place of abode)St. Baltimore, Ward. Md

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> .
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5a. If married, widowed, or divorced  
HUSBAND of Unknown  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) unk - unk - 1864

7. AGE <u>68</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	Unknown	Unknown	Unknown	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKEEKEEPER, etc. <u>Taylor</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>-</u>
10. Date deceased last worked at this occupation (month and year) <u>Unknown 1897</u>
11. Total time (years) spent in this occupation <u>Unknown</u>

12. BIRTHPLACE (city or town) Baltimore  
(State or country) Md13. NAME William Seibert14. BIRTHPLACE (city or town) Unknown  
(State or country) Germany15. MAIDEN NAME Haser16. BIRTHPLACE (city or town) Unknown  
(State or country) Germany17. INFORMANT Springfield State Hospital (Records)  
(Address) Pykesville, Md18. BURIAL, CREMATION, OR REMOVAL  
Place Springfield Cem. Date Feb 25, 193219. UNDERTAKER Pykesville Inc.  
(Address) Feb 21, 1932 Harry Neel20. FILED Feb 21, 1932 Harry Neel  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

February 20  
(Month) 20  
(Day) 1932  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 21, 1931, to February 20, 1932. I last saw him alive on February 20, 1932; death is said to have occurred on the date stated above, at 8:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Nitral Regurgitation

Date of onset

Prior to

1931

Other Contributory Causes of importance:

Chronic Interstitial Nephritis

Prior to

1931

Name of operation None Date of 1931What test confirmed diagnosis Physical & Laboratory Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John H. Morris M. D.  
(Address) 1 S.S.N. Pykesville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

Example I	
The principal cause of death and related causes of importance were as follows:	Date of onset
<u>Arteriosclerosis</u>	1915
<u>Chronic interstitial nephritis</u>	1921
<u>Cerebral hemorrhage</u>	July 5, 1922
Other contributory causes of importance:	
<u>Gallstones</u>	May 1, 1922

### Example II

The principal cause of death and related causes of importance were as follows:

Example II	
The principal cause of death and related causes of importance were as follows:	
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago
Other contributory causes of importance:	
<i>Gastroenteritis</i>	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61528

77

Ward

Registration Dist. No.

N. B.—**WRITE PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MARGIN RESERVED FOR BINDING

## 1. PLACE OF DEATH

County

Carroll

11-1

No.

Village or City

Noamfstead

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

yrs.

mos.

ds.

2. FULL NAME *Mary Slone*

(a) Residence: No.

(Usual place of abode)

St. — Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widow

5a. If married, widowed, or divorced

HUSBAND

or WIFE

of

name *Edgar Slone*

6. DATE OF BIRTH (month, day, and year)

July 7, 1839

7. AGE

Years

Months

Days

If LESS than

1 day

or

min.

92

7

17

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

RE. Housenfer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1903

11. Total time (years) spent in this occupation

67

12. BIRTHPLACE (city or town)

Pennsylvania

(State or country)

13. NAME *Henry Stevens*

14. BIRTHPLACE (city or town)

Pennsylvania

(State or country)

15. MAIDEN NAME *Miss Hobart*

16. BIRTHPLACE (city or town)

Pennsylvania

(State or country)

17. INFORMANT *Mrs. Alonso Shirley*(Address) *Noamfstead Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *man christened*Date *Feb. 27, 1932*19. UNDERTAKER *Jacob W. Wicks Son*(Address) *Manchester Md*20. FILED *Feb. 27, 1932*(Address) *Jessie S. Lester*

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

2, 24, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 22, 1932, to Feb. 24, 1932

I last saw her alive on Feb. 22, 1932; death is said to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Labrappi*Date of onset  
2/27/32

Other Contributory Causes of Importance:

*Acute Dilatation of heart, suddenly*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edgar M. Brush* M. D.  
(Address) *Noamfstead Md.*

V. S. No. 1

T

1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED MAR 4 1932

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED MAR 4 1932

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61529

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

93-c

Registration Dist. No.

80

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

## MOTHER FATHER

13. NAME

William

Repp

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Mary

Baile

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

Year

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb  
(Month)11  
(Day)1932  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 7<sup>th</sup>, 1931, to January 11<sup>th</sup>, 1932, death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Astro. Sclerosis Cerebral  
Broncho - Pneumonia  
MyocarditisDate of onset  
1930  
3 days  
1932

Other Contributory Causes of importance:

Gastritis

1924

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_ (Address) \_\_\_\_\_ M. D. \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*; (b) *Grocery*; (a) *Foreman*; (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Labore*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the bisected term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonium, etc., Carcinoma, Sarcoma, etc.* of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E. haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *celitus*) may be stated under the head of "contributory." **Recommendations** on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1932

BUKE

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61531

## 1. PLACE OF DEATH

County Carroll Maryland Tuberculosis Sanatorium  
(23) Colored Branch Registration Dist. No. 74

Village or City Henryton, Md.

No.

St. WardLength of residence in city or town where death occurred 0 yrs. 0 mos. 22 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Edward Lewis Tarter(a) Residence: No. 1023 W. Lanvale St., Balt., Md. St., Ward

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

Colored

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

March 22, 1889

7. AGE

Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>42</u>	<u>10</u>	<u>29</u>	

8.

Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

9.

Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10.

Date deceased last worked at  
this occupation (month and  
year)

11.

Total time (years)  
spent in this  
occupation

12.

BIRTHPLACE (city or town)

(State or country)

13. NAME Lewis Tarter

14.

BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME Fannie Spencer

16.

BIRTHPLACE (city or town)

(State or country)

17.

INFORMANT John E. O'Neill, M. D.

(Address)

Henryton, Md.

18.

BURIAL, CREMATION, OR REMOVAL

Private Cremation Date Feb. 24, 1932

19.

UNDERTAKER S. T. Hambley

(Address)

578 1/2, 19th St.

20.

FILED 2/20/32John E. O'NeillDeputy Local

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb., 20, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That deceased from 1/29/32 to 2/20/32, 1932I last saw him alive on Feb. 20, 1932 at 3:40 AM; death is said to have occurred on the date stated above, at 3:40 AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

04/1931

## Other Contributory Causes of importance:

Name of operation

O

Date of

O

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

Data of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify John E. O'Neill

(Signed)

(Address) Henryton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
<hr/>	
Other contributory causes of importance:	
Gallstones	May 1, 1923
<hr/>	
<hr/>	
<hr/>	
<hr/>	

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
<hr/>	
Other contributory causes of importance:	
Gastroenteritis	1 year
<hr/>	
<hr/>	
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County CarrollVillage or City Rex Washington Rd

## 2 FULL NAME

Forbes TaylorSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 76

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mr 4 COLOR OR RACE Dark 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

## 6 DATE OF BIRTH

January (Month) 1 (Day) 1922 (Year)

## 7 AGE

54 years yrs. 0 mos. 0 ds. or 0 min. 0IF LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

## 10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

## 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or Country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

## 15 Filed

Chester TaylorR 5 Washington Rd

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

2-26-32

(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended the deceased from

1922 to 1922that I last saw him alive on 1922, 1922,and that death occurred on the date stated above, at 1922.

The CAUSE OF DEATH \* was as follows:

old age54 yrs(Duration) 5 yrs mos. 0 ds.Contributory  
Secondary(Duration) 1922 yrs. 0 mos. 0 ds.(Signed) W. C. Jernette M. D.(Address) 2-26-32 W. C. Jernette M. D.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 1922 yrs. 0 mos. 0 ds.In the State 1922 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

On premises

## 20 UNDERTAKER

Chester Taylor

DATE OF BURIAL

26 1932

ADDRESS

W. C. Jernette

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease, using DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever*. (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphoid fracture*, *lateral skull fracture*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1932

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61533

Maryland Tuberculosis Sanatorium

Colored Branch 23

Registration Dist. No. 74

N. B.—**PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Carroll

Village or City Henryton, Maryland

Length of residence in city or town where death occurred 1 yrs. 5 mos. 21 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME George Tymes

(a) Residence: No. 605 N. Bond St., Baltimore, Md. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

Colored

Single

5a. If married, widowed, or divorced  
HUSBAND OF \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Jan. 22, 1910

7. AGE 22 Years 0 Months 17 Days If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc. Laborer  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. \_\_\_\_\_  
10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_11. Total time (years)  
spent in this  
occupation \_\_\_\_\_12. BIRTHPLACE (city or town)  
(State or country) Virginia

13. NAME George Tymes

14. BIRTHPLACE (city or town)  
(State or country) Virginia

15. MAIDEN NAME Ida Cofer

16. BIRTHPLACE (city or town)  
(State or country) Virginia17. INFORMANT John E. O'Neill, M. D.  
(Address) Henryton, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Mt. Calvary Cem. Date Feb 10, 193219. UNDERTAKER Robert E. Wallard  
(Address) 1513 Malabar St. Henryton, Md.20. FILED 7/8/32, 19 \_\_\_\_\_  
John E. O'Neill, M. D.  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb. 8, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Aug. 18, 1930, to Feb. 8, 1932, ; death is said

I last saw him alive on Feb. 8, 1932, ; death is said  
to have occurred on the date stated above, at 3:45 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Pulmonary Tuberculosis

Date of onset

Jan.

1932

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following: \_\_\_\_\_ No.

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ No.

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL GROWTHS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Carroll

Village or City Avondale (No. ....)

2 FULL NAME Betty Jane Williams

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	Black	single

6 DATE OF BIRTH  
Jan 7, 1931  
(Month) (Day) (Year)

7 AGE  
1 yrs. 5 mos. 27 ds. or min.?

If LESS than  
1 day hrs.

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work None  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country) Maryland

10 NAME OF  
FATHER Arthur Williams

11 BIRTHPLACE  
OF FATHER  
(State or country) Maryland

12 MAIDEN NAME  
OF MOTHER Elaciee Bowman

13 BIRTHPLACE  
OF MOTHER  
(State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elaciee Bowman  
(Address) Westminster Md

15 Filed 3/1 1932 Keewadon  
Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 76

St. .... Ward) (If death occurred in  
a hospital or institution, give its NAME instead of street and  
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2-4-32 192  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
1-30-32 192 to 2-3-32 192,

that I last saw her alive on 1-30-32 192,  
and that death occurred on the date stated above, at 12 m.

The CAUSE OF DEATH \* was as follows:

Bronchitis pneumonia

(Duration) .... yrs. .... mos. .... ds.

Contributory  
Secondary

(Duration) .... yrs. .... mos. .... ds.  
(Signed) W.C. Germette M. D.  
2-5-32 192 (Address) Westminster Md

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Western Chapel DATE OF BURIAL Feb 6, 1932  
20 UNDERTAKER H. Bankard & Son ADDRESS Westminster Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Houskeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease, if <sup>1</sup> *DEATH* (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonacum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61535

## 1. PLACE OF DEATH

County Carroll

Maryland Tuberculosis Sanatorium  
Colored Branch

Registration Dist. No. 74

Village or City Henryton, Md

No.

St.

Ward

Length of residence in city or town where death occurred

0 yrs. 1 mos. 18 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Catherine Williams

(a) Residence: No. 1719 Madison Ave., Baltimore, Md.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) Nov., 20, 1900

7. AGE Years 31	Months 3	Days 4	If LESS than 1 day, _____ hrs. or _____ min.
-----------------	----------	--------	--

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Loreley,  
Maryland

13. NAME Thomas Williams

14. BIRTHPLACE (city or town)  
(State or country) Maryland

15. MAIDEN NAME Maria Brown

16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT John E. O'Neill, M. D.  
(Address) Henryton, Maryland

## 18. BURIAL, CREMATION, OR REMOVAL

Place Cemetery Date Feb 28, 1932

19. UNDERTAKER David Dandridge  
(Address) Upper Yards Rd20. FILED 7/2/1932, 19 John E. O'Neill  
Bapt. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb. 24, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan., 6, 1932, 19 to Feb. 24, 1932, 19  
I last saw him alive on Feb. 24, 1932, 19; death is said to have occurred on the date stated above, at 4.05 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Mar.  
1931

## Other Contributory Causes of importance:

Name of operation O Date of O

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

John E. O'Neill M. D.  
Henryton

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	MAR 3 1922	1921
Cerebral hemorrhage	BUREAU V. B.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

Maryland Tuberculosis Sanatorium

61536

## 1. PLACE OF DEATH

County Carroll

Colored Branch

(23)

Registration Dist. No.

74

Village or City Henryton, Md.

St.

Ward

Length of residence in city or town where death occurred

0

yrs.

4

ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

4

mos.

4

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME William Winston,

(a) Residence: No. 3106 Barclay Street, Baltimore, Md.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

## 6a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OF

## 6. DATE OF BIRTH (month, day, and year)

May 15, 1887

## 7. AGE

\*\*

44

Years

Months

9

Dey

3

If LESS than

1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
(this occupation (month and  
year))11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Virginia

## MOTHER FATHER

## 13. NAME

Elias Winston

14. BIRTHPLACE (city or town)  
(State or country)

Virginia

## 15. MAIDEN NAME

Julia White

Julia White

16. BIRTHPLACE (city or town)  
(State or country)

Virginia

## 17. INFORMANT

John E. O'Neill, M. D.

(Address)

Henryton, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place: McCalley cemt. Date: Feb 21, 1932

## 19. UNDERTAKER

(Address) Mrs R. A. Elliott

1725 Ashland Ave

## 20. FILED

2/18/32 19

Deputy Local

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb. 18, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from  
10/14/31 19 to 2/18/32 19I last saw him alive on Feb. 18, 1932, 9:55 AM; death is said  
to have occurred on the date stated above, atThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Pulmonary Tuberculosis

Date of onset

May

1930

## Other Contributory Causes of importance:

## Name of operation

Date of

## What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

## Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

## Manner of injury

## Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

No

## If so, specify

(Signed)

(Address)

John E. O'Neill, M. D.  
Henryton, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

82-a

61537

## 1. PLACE OF DEATH

County Carroll  
Village or City Patapsco

Registration Dist. No. 76St. St. Ward Ward

Length of residence in city or town where death occurred 82 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Sophia Magdalene Wisner

(a) Residence: No.

(Usual place of abode)

St. — Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
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6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Peter J. Wisner

6. DATE OF BIRTH (month, day, and year) June 14, 1841  
7. AGE Years 90 Months 8 Days 9 If LESS than  
1 day, X hrs. 0 min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Ret. Housewife  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 72 yrs

12. BIRTHPLACE (city or town) Baltimore Co.  
(State or country) Maryland

13. NAME John Beale

14. BIRTHPLACE (city or town) Maryland  
(State or country)

15. MAIDEN NAME Mary Magdalene Hooke

16. BIRTHPLACE (city or town) G. Tressen  
(State or country) Germany

17. INFORMANT Carroll Wisner  
(Address) Patapsco, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Overley Chapel Date 2-25-1932

19. UNDERTAKER Edgar A. Gistton  
(Address) Patapsco, Md.

20. FILED 2-23-1932 Chesapeake  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2 (Month) 23 (Day), 1932 (Year)

22. I HEREBY CERTIFY, That I attended deceased from No circumstance, 19.

I last saw him alive on 19; death is said to have occurred on the date stated above, at 2, 25 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Appendicitis.

Date of onset  
Suddenly

Other Contributory Causes of importance:

Senile Cataract Sclerosis 2 yrs.  
Hypertension 2 yrs.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Edgar A. Gistton M. D.  
(Address) Patapsco, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County CarrollVillage or City SykesvilleLength of residence in city or town where death occurred 4 yrs. 1 mos. 13 ds. How long in U. S. if of foreign birth?   yrs.   mos.   ds.2. FULL NAME George A. York(a) Residence: No. 130 8th. Broadway

(Usual place of abode)

St.

Ward.

Baltimore, Md

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE of  

6. DATE OF BIRTH (month, day, and year) <u>Unknown - Unknown - 1860</u>
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7. AGE <u>71</u> Years	Months <u>Unknown</u>	Days <u>Unknown</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
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OCCUPATION <u>243</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Day Laborer</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Unknown</u>	
10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	11. Total time (years) spent in this occupation <u>Unknown</u>

12. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Maryland</u>
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MOTHER FATHER	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u> </u>

MOTHER FATHER	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u> </u>

17. INFORMANT <u>Springfield State Hospital (Records)</u> (Address) <u>Sykesville, Md.</u>
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18. BURIAL, CREMATION, OR REMOVAL <u>Springfield Hosp. Crem. Date Feb 5 1932</u>
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19. UNDERTAKER <u>Dever &amp; Son</u> (Address) <u>Sykesville, Md.</u>
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20. FILED <u>Feb. 3, 1932 Harry Y. New</u> Registrar.
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 3<sup>rd</sup>

(Month)

3<sup>rd</sup>  
(Day)1932  
(Year)22. I HEREBY CERTIFY. That I attended deceased from December 1<sup>st</sup>, 1927 to February 3<sup>rd</sup>, 1932I last saw him alive on February 3<sup>rd</sup>, 1932; death is said to have occurred on the date stated above, at 10 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Arteriosclerosis and  
Mitral RegurgitationDate of onset  
Prov to  
1927

## Other Contributory Causes of importance:

Strangulated Hernia  
(Left Scrotal)Feb 3  
1932Name of operation None Date of    
What test confirmed diagnosis? Physical signs + symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?   Date of injury  , 19 

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John N. Morris M. D.  
(Address) 15 S. York Sykesville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61539

## 1. PLACE OF DEATH

County

Carroll

107-a

Registration Dist. No. 75

Village or City

Manchester

St.

Ward

Length of residence in city or town where death occurred

yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 13, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	7	7		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	none
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

13. NAME	Guy Condon
14. BIRTHPLACE (city or town) (State or country)	Maryland

15. MAIDEN NAME	Margaret Bent
16. BIRTHPLACE (city or town) (State or country)	Maryland

17. INFORMANT (Address)	Margaret Bent Westminster Md
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18. BURIAL, CREMATION, OR REMOVAL  
Place

Warfieldbury

Date 2/23, 1932

19. UNDERTAKER (Address)	H. Bankhead & Son Westminster Md
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20. FILED

Feb. 20, 1932 Mrs. M. S. Deemer

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb

20

(Month)

(Day)

1932 (Year)

22. I HEREBY CERTIFY. That I attended deceased from Feb 19, 1932 to Feb 20, 1932; death is said

I last saw him alive on Feb 20, 1932; death is said to have occurred on the date stated above, at 5 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ac. Broncho Pneumonia

Data of onset

2/19/32

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. S. Deemer  
(Address) Manchester, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	MAR 4 1923	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN